

X2018-766

PRINTED: 10/16/2018
FORM APPROVED

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/10/2018
NAME OF PROVIDER OR SUPPLIER LOURDES COUNSELING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 CARONDELET DRIVE RICHLAND, WA 98362			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	<p>INITIAL COMMENTS</p> <p>STATE LICENSING SURVEY</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals conducted this health and safety survey.</p> <p>Onsite dates : 10/09/18 to 10/10/18</p> <p>Examination number: 2018-766</p> <p>The survey was conducted by: Surveyor #4 Surveyor #9</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: The regulation number and/or the tag number; HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent recurrence and how you will monitor for continued compliance; and WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by October 27, 2018.</p> <p>4. Return the ORIGINAL REPORT with the required signatures</p>		
L 485	<p>322-040.8G ADMIN RULES-FUNCTIONS</p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (f) Require and approve professional staff bylaws and rules concerning, at a minimum: (g) Required functions;</p>	L 485			

State Form 2667

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5800

UOP811

(If continuation sheet 1 of 5)

Anita Kongsue
11/1/18

State of Washington

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L 485	<p>Continued From page 1</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and review of Medical Staff Bylaws, the hospital's governing body failed to ensure that the supervising physician or a designated alternate countersigned medical record entries made by Physician Assistants as cited in the Medical Staff Bylaws on 3 of 3 records reviewed (Patients #901, #902 and #903).</p> <p>Failure to countersign all medical record entries made by Physician Assistants in accordance with policies and procedures approved by the governing body in the Medical Staff Bylaws puts patients at risk of substandard care and adverse outcomes.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Document review of the Medical Staff bylaws, under "Item #9. Specific Oversight by Supervising Physicians," ratified on 12/17, showed that it is the responsibility of the supervising physician, or designated alternate to countersign all medical record entries made by Dependent Practitioners. 2. On 10/10/18 at 2:30 PM, Surveyor #9 reviewed discharged medical records of patients #901, #902, #903. The document review showed that the supervising physician had not signed off on histories and physicals performed by Staff #901 and #902. 3. On 10/11/18 at 2:30 PM, during the Quality Management Review Meeting, Surveyor #9 discussed the finding with the Director of Quality/Risk Services (Staff #903) who stated that according to the bylaws, a supervising physician should sign off the histories and physicals 	L 485		

State Form 2567
STATE FORM

USE

UOPB11

If continuation sheet 2 of 5

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L 485	Continued From page 2 conducted by a Physician Assistant.	L 485			
L 795	322-120.4 VENTILATION WAC 246-322-120 Physical Environment. The licensee shall: (4) Provide natural or mechanical ventilation sufficient to remove odors, smoke, excessive heat and condensation from all habitable rooms; This Washington Administrative Code is not met as evidenced by: Based on observation and interview, the hospital failed to maintain air vents in patient care areas to be free of dust and debris. Failure to maintain air vents in patient care areas can lead to poor ventilation and condensation. Findings included: 1. On 10/09/18 between 9:30 and 9:50 AM, Surveyor #4 toured the patient rooms of the hospital. During the environmental tour, the surveyor inspected ventilation fans in the bathroom. The observation showed two vents that had an excessive amount of dirt and debris in the grill of the vents: a. Bathroom vent in Room H b. Seclusion room bathroom vent 2. On 10/09/18 at 1:00 PM, Surveyor #4 asked the Director of Environmental Services (Staff #401) about the scheduled cleaning of shower vents. He stated that vent cleaning was assigned as a project separate from the routine	L 795			

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L 795	Continued From page 3 housekeeping schedule and that the individual came in on Saturdays.	L 795		
L1526	322-230.2H FOOD SERVICE-MENU PLANNING WAC 246-322-230 Food and Dietary Services. The licensee shall: (2) Designate an individual responsible for managing and supervising dietary/food services twenty-four hours per day, including: (h) Ensuring all menus: (i) Are written at least one week in advance; (ii) Indicate the date, day of week, month and year; (iii) Include all foods and snacks served that contribute to nutritional requirements; (iv) Provide a variety of foods; (v) Are approved in writing by the dietitian; (vi) Are posted in a location easily accessible to all patients; and (vii) Are retained for one year; This Washington Administrative Code is not met as evidenced by: Based on document review and interview, the hospital failed to provide menus identified by date, day of the week, month and year as required by regulation. Failure to provide rotating menus throughout each week to provide a variety of nutritional foods for patients puts them at risk of inadequate nutrition. Findings included:	L1526		